

Idaho State University
Recruitment
Reimbursement Request

Employee
Student

Interviewee: _____ Soc. Sec. # _____

Address: _____

Traveling from: _____

Departure date (from home): _____ Return date: _____

Departure time (from home): _____ Return time: _____

Date(s) on campus: _____

Department interviewing: _____

Contact person: _____ Phone No: _____

New position () or replaces _____

Rank / Title: _____

Actual Expenses:

Airfare _____

Lodging _____

Meals _____

Mileage (Actual miles) _____ Mileage claimed (Miles x) _____

License # (personal car) _____ Parking _____

Car Rental _____

Misc. (Explanation) _____ Misc. (Amount) _____

Total Expenses _____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

Dean of College or Department Head

Approved by: _____ Date: _____

Academic Vice-President
(Required only of Academic Departments)

Account No: _____ Approved by: _____

(Accounting Use Only)